MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/686,370

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25	1						75						
26							76						
27		1					77						
28		1					78						
29		1					79						
30							80						
31							81						
32							82						
33		1					83						
34							84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39	1						89						
40		1					90						
41		1					91						
42		1					92						
43	1						93						
44		1					94						
45		1					95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	17						TOTAL DEP.						
TOTAL CLAIMS	20		8				TOTAL CLAIMS						

PTO-1360 (3-78)